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ABSTRACT

Increasing numbers of psychologists are moving from academic to private practice settings. In order to obtain information from private practitioners on aspects of their practices including education, location, orientation, hours, referrals, fees, incomes, and additional jobs, questionnaires were sent to a national sample of 300 private practitioners. Responses were obtained from 155 individuals (107 men, 48 women). Preliminary analyses indicated that most practitioners held a Ph.D. degree, classified themselves as "eclectic," and were located in the East. Respondents reported spending a mean of 35 hours per week in private practice, with women reporting significantly fewer hours than men. Reported fees for individual, group, and family therapy showed a wide range. Females indicated a significantly lower income than males. More than a third of the respondents reported holding jobs in addition to private practice. These preliminary results document the growth of private practice among clinical psychologists. (AG)

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Preliminary Results of a Survey of Full-Time Private Practitioners

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Running head: Survey of Private Practitioners

Abstract

Information about full-time private practitioners in psychology was obtained from a 34-item questionnaire which was sent to 300 practitioners across the nation. This summary presents preliminary results based on questionnaire data from 155 practitioners. Data are still being collected. The questionnaires yielded a wealth of information concerning practitioners' educations, geographic locations, orientations, hours, referrals, fees, and other jobs. A number of regional and sex differences were found.

Preliminary Results of a Survey of Full-Time Private Practitioners

Increasing numbers of psychologists are moving from academic to private practice settings (Norcross, Note 1) yet with the exception of a few anecdotal accounts (e.g., Tamkin, 1976; Taylor, 1978), there is little literature concerning the full-time private practice experience. This study was conducted to obtain information about full-time private practitioners.

This paper summarizes the preliminary results of a questionnaire which was sent to a national sample of psychologists in full-time private practice. Practitioners were asked questions about education, geographic location, orientation, status of practice, hours, referrals, patients, fees, incomes, and additional jobs. It was felt that the practitioners' answers would be useful and of interest to clinicians considering full-time practices and to psychologists in general.

Method

A 34-item questionnaire was sent to 300 practitioners during the fall of 1981. The questionnaire asked about the topics listed in the introduction.

The 300 practitioners (204 men, 96 women) were chosen as follows: Every 10th name in the 1980 National Register of Health Service Providers in Psychology (Council for the National Register of Health Service Providers in Psychology, 1980) was listed. Each name was then found in the 1981 APA Directory (APA, 1981). A name was included in the sample if the person either listed that he/she was exclusively in private practice or listed private practice as his/her primary position in the Directory.

Two mailings have resulted in a return of 155 useable questionnaires from 107 men and 48 women representing 52% of the sample. Data are still being collected.

Results

The analyses reported below are based only on complete cases. Since not all subjects responded to every question, the number of subjects varied from analysis to analysis.

Education, Orientation, and Location

The majority of the practitioners (n = 137, 88%) held PhD's with an additional 7% (n = 10) holding EdD's. Only 14% (n = 22) were ABPP diplomates in clinical psychology, but 38% (n = 59) had completed some type of post-doctoral program and an additional 4% (n = 6) were currently enrolled in a postdoctoral program.

The majority of practitioners (n = 84, 54%) classified themselves as eclectic, with an additional 21% (n = 32) being psychoanalytically oriented. Most subjects (n = 125, 81%) were not receiving supervision on their cases.

Most practitioners were located in either the east (n = 59, 38%) or the west (n = 43, 28%) with an additional 18% (n = 28) located in the mid-west and 16% (n = 25) in the south. An urban area was the most popular location (n = 85, 55%) for practitioners. Most therapists rented offices (n = 108, 70%).

Description of Practice

Private practice was the primary source of income for 97% (n = 150) of the subjects. Three men had incomes from other jobs which equalled or marginally surpassed income from their practices; one woman reported that

her husband was her primary source of support; and one man reported private resources as his primary income.

The number of years subjects had their practices was significantly correlated with the years in which they received their terminal degrees (r (153) = -.79, $p < .01$) with people who graduated recently having had their practices the shortest period of time. Year of graduation ranged from 1948 to 1979 with the mean being 1968. The number of years subjects had had their practices ranged from 1 to 32 with the mean number of years being 10 (Mdn = 8). Number of years in practice differed significantly with respect to area of the country (F (3, 147) = 2.82, $p < .01$). Practitioners in the east had their practices for a mean of 12 years while those in the midwest, west, and south reported practices of 10, 9, and 8 years' duration.

Not surprisingly, most subjects (n = 107, 69%) reported that their practices had increased within the last five years. The main reasons given for the increase were: started practice within the last five years (n = 28), quit full-time position (n = 21), and both started practice within the last five years and quit full-time position (n = 16).

Half of the sample (n = 77) started their practices by having a full-time position, accepting private patients, and eventually quitting the salaried position. Another 22% (n = 34) began practice without having another salaried position, and 20% (n = 31) initially had a part-time job and established their practices during free time.

A minority of the clinicians (n = 44, 28%) were involved in group practices. Group practice was correlated with sex (ϕ(153) = .24, $p < .01$)

with 36% of the men (n = 38) but only 13% of the women (n = 6) involved in group practices.

Hours, fees, and income. Respondents reported spending a mean of 35 hours a week in private practice. Women spent significantly fewer hours per week in practice than men (F (1, 152) = 6.88, $p<.01$) with men reporting 36 hours and women reporting 31 hours on average per week.

Fees for individual therapy ranged from $25 to $90 per hour with a mean of $59. Fees for group therapy ranged from $10 to $75 with a mean of $32. Fees for family therapy ranged from $45 to $90 with a mean of $60.

Fees for individual (F (3, 144) = 3.38, $p<.02$) and family (F (3, 94) = 3.73, $p<.01$) differed significantly with respect to area of the country. Individual fees were higher in the south (M = $64) and west ($M$ = $61) and lower in the east (M = $56) and midwest ($M$ = $56). Family therapy fees were also higher in the south (M = $66) and west ($M$ = $63) and lower in the east (M = $57) and midwest ($M$ = $57).

Most practitioners frequently (n = 44, 28%) or occasionally (n = 75, 48%) adjusted their fees to accommodate patients who couldn't afford their regular rates. The most frequently cited reason for lowering the fee was the patient's ability to pay.

The original questionnaire asked practitioners to report their income without specifying gross or net income. The mean reported income was $55,400. Females reported significantly lower income than males (F (1, 95) = 4.92, $p<.03$) with females reporting a mean income of $43,000 and males reporting a mean income of $59,500 a year.

The follow-up questionnaire asked for both gross and net incomes. The mean gross income was $69,000. The mean net income was $47,500. No sex differences were significant because of the small number of subjects reporting gross and net incomes.

Almost half of the sample (n = 75, 48%) reported that their private practice income fluctuated somewhat during the year. Another 41% (n = 63) indicated hardly any fluctuation in income. Sixteen practitioners (10%) said their income fluctuated a great deal.

Patients and referrals. Almost all practitioners (n = 151, 97%) saw adult patients, 83% (n = 128) saw adolescents, 63% (n = 98) saw children, but only 44% (n = 68) saw elderly patients. A majority (n = 93, 61%) of the sample indicated that, within the age range of patients they saw, there were types of patients they wouldn't see. Not seeing certain types of patients was significantly correlated with sex ($\Phi(151) = -.17$, $p < .05$) with 73% of the females (n = 35) and 55% of the males (n = 58) not taking certain patients.

Thirty-one percent of the sample (n = 47) would not see psychotic patients while 14% of the sample (n = 21) would not see suicidal patients. Forty percent of the sample (n = 61) indicated they would not see patients with other types of disorders. The most frequently mentioned other disorders were alcohol and drug abuse. Thirty percent (n = 45) of the sample reported that there were times when they took patients they wouldn't ordinarily see because they needed the income.

Most practitioners (n = 89, 58%) indicated they frequently referred patients to other practitioners, but females were significantly more likely to refer than males (F (1, 151) = 12.63, $p < .002$). The most frequently cited

reasons for referral were patient's need for medication, therapist's hours filled, and therapist already seeing a friend or family member of the patient's.

The source which most generally referred patients to the practitioners was other patients. This source was reported by 88% (n = 137) of the sample. Physicians other than psychiatrists were also a good referral source (n = 111, 72%).

Practitioners with Other Jobs

Thirty-seven percent (n = 58) of the sample (36 men, 22 women) reported having jobs in addition to their practices. The majority of these (74%, n = 43) did part-time teaching, supervision, or consulting work.

The majority (n = 54, 93%) of the practitioners who had other jobs in addition to their practices held the PhD degree. A large minority (n = 28, 48%) were located in the east, with 21% (n = 12) located in the west, 19% (n = 11) located in the midwest, and 12% (n = 7) located in the south. The years in which subjects received their degrees ranged from 1951 to 1978 with a mean of 1968. Subjects had had their practices an average of 11 years with a range of 2 to 32 years. The majority of practitioners (n = 36, 63%) reported that their practices had increased within the past five years.

Practitioners with other jobs spent an average of 32 hours a week in their practices, and charged $57 per session for individual, $26 per session for group, and $58 per session for family therapy. They reported a mean income of $49,500 from their practices. All but three of the practitioners with other jobs reported that private practice was their primary source of income.

Male and female subjects' ratings of various reasons for having other jobs are listed in Table 1. All reasons were rated positively with the exception of their own financial need. Women rated interactions with colleagues and oppor-

Insert Table 1 about here

tunity to supervise as significantly more important than did men. Women also tended to rate the variety of work as more important than did men. However, men tended to rate financial need as more important to their having an outside job than did women.

A significant Sex X Job interaction was found for fees for individual therapy (F (1, 148) = 13.86, $p<.001$). Men practitioners who reported having other jobs charged less for individual sessions (M = \$55) than men exclusively in private practice (M = \$62), whereas women practitioners with other jobs charged more (M = \$61) for individual sessions than women practitioners exclusively in private practice (M = \$53).

There was a significant Sex X Job interaction for adjusting fees to accommodate patients who could not afford the practitioners' regular rates (F (1, 148) = 4.43, $p<.04$). Men with other jobs and women exclusively in private practice more frequently lowered their rates than did women with other jobs and men exclusively in private practice.

There was also a significant Sex X Job interaction for income (F (1, 93) = 3.95, $p<.05$). Men without other jobs had a higher income from their practices (M = \$64,693) than men with other jobs (M = \$48,916). However, women with other jobs had a higher income from their practices (M = \$51,000) than women exclusively in private practice (M = \$37,357).

Discussion

The present survey documents the growth of the private practice of clinical psychology in recent years. Half of the practitioners surveyed had had their practices for eight years or less, and a substantial majority indicated

that their practices had grown in the last five years. Newer practices were located in the sunbelt areas of the west and south where the practitioners charged higher fees.

Women practitioners differed from men practitioners in a number of ways. To begin with, women had fewer practice hours and reported lower incomes. Women more frequently referred patients to other practitioners than did men and were also more likely than men to have certain types of patients they wouldn't see. Some of the differences between men's and women's practices may be accounted for by the fact that the women in the sample had household and child care duties which limited their practice hours. A number of women spontaneously mentioned having such duties.

Domestic responsibilities may also have resulted in women not seeing certain types of patients. As one woman explained, "As a solo practitioner with two small children, I am not equipped to handle frequent 24-hour emergencies."

Interactions with colleagues, variety of work, learning experience, and opportunity to teach and supervise were all important factors in private practitioners' decisions to have employment in addition to their practices. Opportunity to supervise was more important to women than men, because more women (n = 7) than men (n = 3) were employed as supervisors. Interaction with colleagues was more important to women than to men, indicating that women may have felt more isolated than men. The variety of work offered by employment outside of private practice was also more important to women than to men, suggesting that women found their practices more monotonous than did men.

The practitioners' own financial needs were not viewed as important in practitioners' seeking outside employment. As one practitioner indicated,

"Some consulting arrangements pay rather poorly." Another said, "No paid job can do as well as private practice." However, men indicated that their financial need was a more important factor in their taking outside employment than it was for women.

A complicated picture arose when practitioners with other jobs were compared with practitioners exclusively in private practice. Men with other jobs spent fewer hours in private practice, charged less per individual session, reported earning less income from their private practices, and were more likely to lower their fees to accommodate patients who couldn't afford them than were men exclusively in private practice. Perhaps the additional income from outside jobs allowed these practitioners to be more flexible with their fees and hours than men exclusively in private practice.

The picture for women was a very different one. To begin with, women, whether they had outside jobs or not, spent fewer hours than men in private practice. It seems that this may have been due to the women's household and child care duties since these were spontaneously mentioned by a number of women.

Women who had jobs outside their practices charged more per individual session, reported higher incomes from their practices, and were less likely to lower their fees to accommodate patients who couldn't afford them than women exclusively in private practice. In other words, women with jobs in addition to their practices behaved similarly to men exclusively in private practice in regard to fees!

It seems that women who had jobs in addition to their practices were more interested in making money from their practices than women exclusively in private practice. Perhaps, the incomes these women provided from their

practices were more necessary for them and for their families than the money provided by the women exclusively in private practice. Since no questions concerning financial obligations were asked, there is no way of knowing if this is a valid hypothesis.

Unlike their male counterparts with additional jobs, women with jobs in addition to their practices seemed to obtain their income mainly from their practices and take outside jobs to combat boredom and isolation. Men, on the other hand, seemed to rely more on the incomes the outside jobs provided than did women.

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Table 1

Male and Female Subjects' Ratings of the Importance of Various Reasons for Having a Job In Addition to Private Practice

Reason	Ratings: Males	Ratings: Females		
	Mean (Standard Deviation)	Mean (Standard Deviation)	F (df)	p≤
Interaction with Colleagues	2.8*(1.9)	1.7 (.9)	5.29 (1,53)	.03
Variety of Work	2.4 (1.7)	1.7 (1.1)	3.16 (1,55)	.08
Learning Experience	2.6 (1.5)	2.4 (1.5)	.32 (1,54)	NS
Opportunity to Supervise	3.3 (2.0)	2.2 (1.8)	3.99 (1,47)	.05
Opportunity to Teach	2.5 (1.8)	2.1 (1.5)	.96 (1,49)	NS
Your Own Financial Need	3.7 (1.8)	4.8 (1.8)	3.64 (1,47)	.06

*Items were rated on a six-point scale. Lower numbers indicate greater importance.